DOCUMENT RESUME

ED 216 005 SP 020 218

AUTHOR Maxey, Phyllis F.
TITLE A Consultant in the Student Teaching Triad.
SPONS AGENCY California Univ., Los Angeles. Teacher Education Lab.
PUB DATE Mar 82
NOTE 28p.; Paper presented at the Annual Meeting of the American Educational Research Association (New York, NY, March 19-23, 1982).

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Consultants; *Cooperating Teachers; *Field Experience Programs; Graduate Students; Helping Relationship; Higher Education; *Preservice Teacher Education; Student Teacher Relationship; *Student Teachers; Student Teacher Supervisors; Student Teaching; *Teacher Supervision
IDENTIFIERS University of California Los Angeles

ABSTRACT

In 1980, the teacher education program at the University of California at Los Angeles initiated the position of consultant to complement the student teaching triad (student teacher, cooperating teacher, and university supervisor). Consultants were doctoral students who visited the schools to assist the student teachers and cooperating teachers and to serve in a nonevaluative role as resource person, observer, coach, and problem solver. A study of ten consultants and their triads was conducted during the second year of implementation. Through interviews and observation, it was concluded that the innovation faced many of the problems common to change in an organization: unclear role definitions; inadequate training of the consultants; and insufficient time allotted for developing a working relationship with cooperating teachers. The study also showed, however, that both student teachers and cooperating teachers are receptive to the idea of a nonevaluative consultant. Effective consultants helped to improve communication between members of the triad and between the school and the university. Consultants supplied student teachers with additional feedback, advice, and suggestions as well as emotional support during the stressful student teaching experience. (Author/FG)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED216005

A Consultant in the Student Teaching Triad

Phyllis F. Maxey
University of California, Los Angeles

Paper presented to the American Educational Research Association, New York, March 1982

The study reported herein was sponsored by the Teacher Education Laboratory at the University of California, Los Angeles. The author wishes to express appreciation to Professor Evan R. Keislar who commented on an earlier draft of this paper.

SP 020 218

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Phyllis Maxey

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

I. INTRODUCTION

Several research studies have criticized the traditional student teaching triad as harmful to the student teacher. The power distribution in the triad can produce a weak, powerless student teacher, a relatively passive university supervisor, and a strong, influential cooperating teacher (Barrows, 1979; Pritchard, 1974; Yee, 1967; Shueler, Gold, Mitzel, 1965). Barrows found this power distribution in the traditional triad to be harmful because it encourages the training of apprentices rather than using practice teaching as a laboratory to develop self-critical, reflective teachers. Yee (1967) found a harmful distribution of power in which the student teacher was often at the mercy of a coalition of the cooperating teacher and the university supervisor.

An innovation developed in the UCLA student teaching program offers a remedy for these ills: the introduction of a nonevaluative consultant to the student teaching triad. The consultant's role is to visit the schools to assist both the student teacher and cooperating teacher, serving as a resource person, an observer, coach, and problem solver. The traditional university supervisor's responsibilities of placement and final evaluation remain with a university coordinator. The consultant is not to serve as an evaluator who has influence on the grades or recommendations given to a student teacher.

Thus, in the sense of controlling rewards and punishments in order to change the behavior of another, the consultant is powerless. In addition this individual is only working half-time, faced with the competing demands of doctoral coursework or a dissertation, underpaid, struggling with the unstructured and ambiguous task of producing effective teachers.

Purpose of the study. A study of the consultants was conducted during the spring of 1981, the second year in which the clinical consultants were employed. One of the goals of the Teacher Education Laboratory at UCLA is to educate student teachers using the laboratory approach in which students are exposed to diverse ideas, methods and environments. Most students have two master teachers and have field experiences in two culturally different environments, so that there is not an emphasis on becoming an apprentice to one master teacher and thus learning only one way to teach. Teacher education is viewed as the development of skills so that improvement in professional effectiveness will continue after student teaching.

> One goal of the UCLA program is to help teachers learn--by facing fundamental issues, by developing and applying creative ideas, and by insightful self evaluation--to engage in a life-long process of professional growth (UCLA Teacher Education Manual, 1981-82).

The introduction of a new role for the university in the traditional student teaching triad could be a positive force in the development of reflective, analytical teachers rather than the development of apprentices of "master" teachers. The clinical consultant, a doctoral student with close ties to the university research community, could bring a fresh perspective to the classroom teacher as well as the student teacher. Such an individual might also provide some needed support for the relatively weak power position of the student teacher.

In a sense this study tells a story about what happens when an individual without the power to affect grades or future school placements tries to establish a helping relationship with the classroom teacher and the student teacher. What happens when the "ideal" of the clinical consultant becomes reality? Is this a superior role to that of the traditional university supervisor? Do student teachers and master teachers find the clinical consultants to be a valuable asset? Does the clinical consultant have any influence?

II. RESEARCH METHODS

The author was engaged by the Teacher Education Laboratory to provide an ethnographic study of the clinical consultant program, providing an outsider's evaluation of its effectiveness. The author was not a faculty member, nor did she attend UCLA at any time. I was introduced to the ten clinical consultants and other TEL staff as an experienced ethnographer who would be studying the student teaching program during the spring months. A letter of introduction was sent to the schools, explaining the project to the principals and cooperating teachers, and asking the teachers for their consent to an interview with me. Thus I entered the research setting as a known observer.

For each of the ten clinical consultants, a triad was chosen at random from the consultant's assigned list of six to ten triads. Each of the ten triads included a clinical consultant, the student teacher assigned to that consultant, and the student teacher's cooperating teacher. If either the student teacher or cooperating teacher refused to participate in the study, that triad was dropped and another selected. There were two cases in which cooperating teachers chose not to participate; in these cases another triad was drawn from the list. As a result no individual in the study appeared in more than one triad. All subjects participated voluntarily.

Thirty-one interviews were conducted during the last quarter of the 1980-81 academic year. The researcher went to the schools to talk individually and privately with eleven cooperating teachers; the number eleven rather than ten teachers was due to one case in which a student teacher was working with two teachers and both agreed to be interviewed for this study. Ten student teachers and ten clinical consultants were interviewed individually at the university or in their schools. Interviews ranged from one to two hours in length. In addition to the individual conferences the researchers met informally with clinical consultants and TEL staff and attended clinical consultant bi-monthly meetings with the Director of Field Experiences. Other sources of data included a school visit with one of the clinical consultants, videotapes of clinical consultants working with student teachers and cooperating teachers, and documents of the Teacher Education Laboratory.

The data from interviews and observations were organized in two ways: first by triad in which the perceptions of student teacher, clinical consultant, and supervising teacher were compared, and secondly, by general category in which perceptions of all student teachers, clinical consultants or supervising teachers were each examined as a unit.

III. DATA

Expectations of the clinical consultant

As with many innovations the early stages of implementation are often characterized by varied and conflicting role definitions. This was true in the case of the new clinical consultants. The supervising teacher's Handbook introduces the clinical consultants to the classroom teacher:

> As a supervising teacher, you are the major source of help to the student teacher during his or her assignment. The clinical consultant should be viewed as an additional resource person who will work with you to help your student teacher become a good teacher. The clinical consultant will visit the classroom on a regular basis to help the student teacher analyze and improve instruction.
>
> The clinical consultant will have a close association with the student teacher during the year and may be able to suggest productive ways of providing assistance. You will note, however, that the clinical consultant is not to participate in the evaluation of the student teacher's progress, as that is your task.

A far more ambitious role for the clinical consultant is envisioned by the Director of Field Services and the clinical consultants themselves. The minutes from a meeting held in September 1980 provide the following role description:

1. A Clinical Teacher, providing technical assistance in lesson analysis, and modeling for student teachers and supervising teacher, how to discuss and analyze instruction.
2. A Researcher, using questions raised in field experiences to gather data, design research studies, write articles.
3. A Counselor, providing assistance to student teachers who are under stress.
4. An Administrator, providing a liaison between the university and the schools.

The classroom teacher's perspective

Eleven classroom teachers who were working with UCLA student teachers were interviewed. Most were very experienced teachers with more than eight years in the classroom; the one exception was a teacher with only three years of teaching experience. Five of the randomly selected teachers were at the high school level, four at the junior high, and two at the elementary school.

The interviews revealed that 73% of the teachers thought the "ideal" role of the clinical consultant was a valuable asset in training a student teacher. However when evaluating the "reality" -- the performance of the clinical consultant in that triad -- 55% of the teachers stated that they had no working relationship with the consultants. In most of these cases, there was little contact between the teacher and the consultant, and no conferences that included all three members of the triad.

Most of the teachers were comfortable with the idea of student teachers getting additional help from another experienced teacher: "It's good for a student teacher to get several viewpoints." Another said, "The clinical consultant and I agreed right down the line in our three-way conference. It's

good for Nancy (student teacher) to hear the same thing from someone else."

In each interview I asked the teachers what they thought the clinical consultant should do if he/she disagreed with the methods or advice given by the cooperating teacher. Forty-two percent of the teachers said that they did not expect the clinical consultant to remain neutral when he/she disagreed with the cooperating teacher. In such cases the consultant should tell the student teacher and perhaps discuss it with the cooperating teacher. Tactfulness was emphasized! Two teachers did not feel that the clinical consultant should criticize the cooperating teacher at all, but instead discuss a disagreement by saying, "There are many ways of teaching. This is the way I did it, you might want to try this in the future." Several teachers said that it was good for the student teachers to hear plenty of options but added, "You can go off and do what you want when you get your own classroom." Two teachers did not think the clinical consultants had the right to criticize the cooperating teacher and should, in fact, support the classroom teacher even when they disagreed. There was a real sense of ownership on the part of these teachers; they had established the classroom the way they wanted it, and any change had to be cleared with them first before a student teacher could try it or a clinical consultant could encourage alternatives.

The Student Teachers' Perspective

Forty percent of the student teachers found the clinical consultants to be very helpful to their student teaching experience. These student teachers could often identify a time when the presence of the clinical consultant was "crucial." For example Luke spoke of a time when he became very discouraged with a class of low achievers and felt like quitting. He sat down with his clinical consultant and discussed some ways that he could change what was happening in that classroom. One of the suggestions was to let the students know what progress they were making on a daily basis. In his interview Luke said,

> That idea and some others really helped--the students worked harder. The clinical consultant was the only one I could really talk to. She expanded the master teacher's views and was more free to come up with ideas.

Student teachers who found the clinical consultant to be a helpful person emphasized the importance of the clinical consultant in the first and second quarters. Nancy said,

> You need to have somebody to guide you by the hand those first two quarters. My clinical consultant was a problem-solver. I needed her, and even though she wasn't there very often, she was there at the crucial times.

One of these "crucial" times was when the master teacher was not perceived as a "master" by the student teacher. The clinical consultant was placed in the difficult position of having to

either support that experienced teacher, try to remain neutral or criticize the teacher. In the two situations that were described in detail in the interviews, one clinical consultant suggested a new assignment and a conference with the coordinator. Another clinical consultant describes his approach during the observation phase of student teaching.

> I was shocked by one supervising teacher -- she was out of control, yelling at the kids, shaking with rage, acted as if she hated the kids. I certainly couldn't say to the student teacher that this was an example of good teaching.
>
> So I said, "This is an unusual assignment. This teacher has too many students, in too small a room, and perhaps she has some personal problems." I implied disapproval and told the coordinator that it was a terrible situation. That supervising teacher was dropped from the program.

Thirty percent of the student teachers liked the role of the clinical consultants in theory, but found that in practice there was not enough time to make effective use of the clinical consultant. Clinical consultants were perceived as extremely busy people, overloaded with work, calendars bulging with appointments. If an observation had to be re-scheduled, it was very difficult to make new arrangements because of all of the other places the clinical consultants had to be. One of the student teachers criticized a clinical consultant for being distracted and becoming mechanical in her observations, thus offering no insight or assistance in improving his teaching.

The student teachers described clinical consultants as visiting anywhere from a low of four times a semester to a more typical schedule of every two to three weeks. Both schedule extremes were represented in this group of student teachers who felt there was inadequate time with the clinical consultants. One student teacher whose clinical consultant visited every three weeks commented,

> He (the clinical consultant) has come three times; two times we talked and one time there was no chance. It's hard to schedule things. His calendar is so full. I do respect his feedback and I wish he had visited more often.

Thirty percent of the student teachers did not find the clinical consultants to be helpful to their development as teachers. Frank complained that he felt like he had to perform in front of this person, and then listen to "a lot of psychology jargon" in the conference that would follow. John and Barbara felt that the clinical consultant role was not very important unless there were problems between the supervising teacher and student teacher. Both student teachers raised the question of superficial observations, "How can you really know what a student teacher is doing when you drop in every two to three weeks? One-shot observations are not going to produce very much that is helpful."

The Clinical Consultants' Perspective

The ten clinical consultants who were interviewed in this study found their job to be a challenging one. Several aspects of their job will be discussed in this section. The clinical consultants definitely felt their powerlessness and found different ways of working with that reality. Because of the vague definition of their role, many expressed feelings of conflict between being a supporter of the student teacher and being a clinical instructor trying to critique teaching performance. Some found the supervising teachers to be intimidating people with little time for them, thus the clinical consultants' function was mainly a two-way interaction with the student teacher. One of the aspects of their job that was mentioned frequently and seemed to be associated with their feelings of effectiveness was establishing a good working relationship with their student teachers.

Establishing a helping relationship. The ideal relationship with a student teacher as described by 70% of the clinical consultants is that of a peer, a friend, "someone you know pretty well and with whom you have a good rapport." One clinical consultant describes her ideal:

> When the relationship with a student teacher works, I see it as a mutual problem-solving session. It's like having a conversation.

This preference for "a conversation" about the student's teaching was repeated in several interviews. One clinical consultant despaired over becoming a "lesson feedback machine... I want to relate to the student teacher on a personal basis, to be someone at the university who the student teacher can talk to." One clinical consultant felt that when she knew the student teacher well enough, she could then provide help on a much more individualized, personal basis. "There is a danger in just raising the clinical consultants' notion of problems. When you get to know a student teacher, you can respond to that person's problems," she commented.

All of the clinical consultants emphasized their role as helpers, as experienced teachers who could offer good feedback to a novice. One clinical consultant exclaimed, "I think the clinical consultant is the best thing that could happen to a student teacher--a clinical consultant is someone devoted to helping them succeed." Another clinical consultant viewed the importance of providing feedback to the teacher as a form of influence.

> The clinical consultant has no clout, thus you have to be good. It's what you bring to the job. If student teachers respect your feedback, then they will use you.

Problems. In terms of the problems mentioned by the clinical consultants, the vast majority centered around the supervising teachers and the student teachers. Problems with the university coordinators, professors, and staff were not as numerous, although in two cases they were quite serious for the clinical consultants.

A major problem in working with student teachers is the problem of influence. In taking a nonevaluative role the clinical consultant has no external sanctions to use against a student teacher who chooses not to listen to the advice or follow the recommendations. There are no points, no grades, no written recommendations that will be affected by the clinical consultant's disapproval. Eighty percent of the clinical consultants could name a student teacher who would not listen, who would avoid conferences, and who rarely followed through with any of the clinical consultant's suggestions. One clinical consultant described his frustration:

> I would begin our conferences by asking Ron how he thought the lesson had worked out. (It was a disaster.) Ron would say, "Well, I covered everything and I feel they got it." That took us nowhere so I told him what I saw, and tried to get him to identify things he wanted to improve. At the end of the conference I would summarize what he was going to work on and what I would be looking for next time I observed.
>
> The problem was the next time I would see him, there would be no improvement on any of the things we had talked about. This pattern was repeated all year. I felt very ineffective. He worked on nothing I recommended.

In Ron's case the supervising teacher was as frustrated as the clinical consultant. The university coordinator was brought in for a conference, but the clinical consultant felt there was little change in the situation.

A problem mentioned by many clinical consultants is that of time, time for conferences, time to visit a student teacher enough to see progress, time to talk to the supervising teachers, time to solve serious problems between a student teacher and a supervising teacher. The school schedules can either facilitate or eliminate the opportunities for conferences. Some cooperating teachers teach right after the student teacher, so that conferences are between clinical consultant and student teacher. Most clinical consultants have difficulty arranging their schedules to return to a school for a three-way conference at a time convenient to the master teacher and student teacher. The student teachers take classes and in some cases have a job, so their schedules were also crowded.

Many clinical consultants left the solving of serious problems to the three university coordinators, because of the time consuming nature of that task and the greater influence they perceived the coordinators to have to resolve a problem. In those cases in which clinical consultants played the role of problem-solvers, they reported that it consumed a great deal of time and energy. One clinical consultant had a very negative experience in trying to resolve a conflict between a student teacher and a master teacher. The clinical consultant reported,

> I couldn't make any of the decisions, but I had to deal with all of the problems. I did not agree with the placement of the student with that supervising teacher. It was not a good training situation but I had to work with it. I visited that student teacher every week, plus attended meetings about the problem at UCLA.

Another clinical consultant "problem-solver" hated the role, but also described the experience as a time when she felt most effective as a clinical consultant.

> One big problem I had was with a supervising teacher who was highly critical and would really go after the student teacher. The student teacher was not very tactful and made things worse. I had to work with each one individually because if I tried a three-way conference, they would just scream at each other.
>
> I would drive to that school in a state of panic. My head hurt, I would get stomach aches, sweat...but eventually the situation turned around and we found a way for them to work together and communicate. I really felt that without me the situation would have been a disaster.

IV. CONCLUSIONS

As measured by the perceptions of the clients--student teachers and their supervising teachers--the role of the clinical consultant is a valuable one. But when the ideal becomes reality, the performance of consultants was inadequate to meet the expectations of a majority of the clients. Student teachers found two main problems in clinical consultant performance: (1) inadequate time for observations and conferences, and (2) feedback that was not helpful or insightful. The classroom teachers, in most cases, did not work closely with the consultants; in fifty-five percent of the cases, there was no working relationship with the clinical consultant.

How do we explain these results? The clinical consultants impressed this researcher as a hard-working, concerned group of people, but there are obviously performance problems from their clients' point of view. Is the task too large for their skills and time resources? Is there inadequate training for the job? Is the job impossible to perform when the role is nonevaluative, placing the consultants in a relatively powerless position? Are there too few rewards to encourage consultants to work hard at meeting their clients' needs? In this section we will look at each of these possible explanations. The concluding section will list several recommendations to improve the performance of the clinical consultant.

The Process Consultant

Can an individual devoid of power to control rewards and punishments actually be effective in changing the behavior of others? We can turn to private industry for one answer to this question. In trying to improve the effectiveness of business managers, Schein (1969) proposed the use of "process consultation" in which an outside consultant assists managers in identifying ways in which their performance and that of their division can be improved. The process consultant is not a supervisor who can affect salary and promotion opportunities, but serves as a resource to the manager. This is very similar to the function of the clinical consultant in the student teaching experience. Both situations call for a consultant who can develop a helping relationship and diagnose performance problems.

The power of this individual rests on interpersonal skills as well as expertise. French and Raven (1968) argue that social power emanates from more bases than just reward and punishment. These included information power, expert power, and referent power:

Information power: A has information that B needs.

Expert power: A has a higher level of experise, knowledge or skills in a particular field than B.

Referent power: A is a person that B admires or respects. A has charismatic power.

Thus even though the clinical consultant lacks the power to control such rewards as a student teacher's grade or the future placement of student teachers with a classroom teacher, there are other bases of social power that can make this individual effective. The data support such a contention. When the clinical consultants described situations in which they felt most effective, "referent" and "expert" power characterized their relationships with their clients.

Effective Leadership

Even with such bases of power as charisma and expertise, the position of the clinical consultants to influence others is relatively weak. The literature of organizational behavior can help us see this more clearly. Fiedler (1967) has developed a theory of leadership effectiveness that emphasizes the importance of the situation in which the leader must operate. A situation can be characterized by three factors: the relationship between the leader and the followers, the clarity of the task, and the power position of the leader. Fiedler dichotomized these three variables, creating eight leadership situations ranging from very favorable to very unfavorable. Fiedler argues that in either moderately favorable or moderately unfavorable situations, the leader with a considerate, people-oriented leadership style will be most effective. In situations that are highly favorable or highly unfavorable the structured, task-oriented leader will perform most effectively.

If we apply this model of leadership to the clinical consultants, we find them most frequently in situations IV and VIII as indicated in the chart. In this study the leader-group relations were "good" between student teacher(s) and the clinical consultant(s) in five cases, and poor in five cases. The relationships with classroom teachers (T) were good in three cases and poor in eight cases. In all cases the structure of the task facing the clinical consultants was classified as ambiguous or unstructured. And in all cases but one, the power position, which Fiedler defines as the power to control rewards and punishments, was classified as weak. The one exception involved a clinical consultant who took on some of the problem-solving responsibilities of the university coordinator.

If the clinical consultants are to influence the student teacher and supervising teacher, their leadership position will need to be strengthened. Fiedler offers three variables that could be altered to strengthen the clinical consultants' influence: leader/member relations, task structure, and position power. These will be discussed further in the section on suggested reforms.

Table 1

Leadership Position of 10 Clinical Consultants

CC-S: n = 10 cases CC-T: n = 11 cases

Leader/ member relations	GOOD (CC-S = 5 cases) (CC-T = 3 cases)				POOR (CC-S = 5 cases) (CC-T = 8 cases)			
Task structure	HIGH		LOW (all cases)		HIGH		LOW (all cases)	
Position power	STRONG	WEAK	STRONG	WEAK	STRONG	WEAK	STRONG	WEAK
CC-S				(5 cases)				(5 cases)
CC-T				(3 cases)			(1 case)	(7 cases)
Situations	I	II	III	IV	V	VI	VII	VIII

Very favorable ← → Very unfavorable

Note: CC = Clinical Consultant
S = Student teacher
T = Supervising teacher

Rewards

Can the performance of the clinical consultant be improved by using a more effective reward system? What are the rewards for this job? We can see quite clearly what the rewards are for other members of the student teaching triad. The student teacher who successfully completes student teaching receives glowing recommendations, a teaching credential, and a chance for a paying job. The supervising teachers receive very little money as established by state law ($20), no promotion, and no new credential. But they do receive rewards in terms of assistance with their work load. As one teacher said, "It's nice to have someone take the kids for a couple of hours and grade all of those papers." Several of the teachers also found their experience with student teachers to be stimulating, a kind of professional growth.

But what about the clinical consultants? One of the clinical consultants conducted a survey that gives us some indication of what the rewards are beyond the meager graduate assistant's salary.

.Clinical consultant experience will look good on my resumé.

.I need broad experience in teacher education for my employment.

.I get an office and a phone.

.I have a professional identity, not just as a grad student.

.I like contact with the public schools.

.The flexible hours are important since I am also a student.

.I can earn money.

.It's rewarding to see student teachers grow.

.It makes me feel good to help alleviate some of the stress felt by some student teachers.

The clinical consultants find some present advantages, an identity, income, and office as well as the future rewards of employment and position. But regardless of how they perform their job as a clinical consultant, they will receive these rewards. There is little monitoring of their performance and no reward system tied to doing their job effectively. The training in lesson analysis, observation and counseling, that is part of their fall seminar, does not seem to provide the

clinical consultant with feedback on his/her skill level and improvement. The clinical consultants often complained that even though they spend a great deal of time giving feedback, they receive very little feedback on their own performance.

Suggested Reforms

The introduction of a consultant into the student teaching triad appears to be a valuable innovation. The student teachers expressed appreciation for a consultant with whom they could share problems, vent frustrations, and from whom they could gain helpful advice and insight. The classroom teachers felt that they needed assistance especially in those cases in which the student teacher was having difficulty; some enjoyed the opportunity to discuss teaching with another experienced teacher.

There are several avenues of reform that could enable the clinical consultant to be more effective in offering these services to student teachers and classroom teachers:

1. Role Clarification. The tasks to be performed by the clinical consultants need to be less extensive, so that in the time available, they can focus their efforts and their priorities. Is the main task that of facilitator, student teacher advocate or teacher performance critic? What should the relationship with the supervising teacher be?

2. Training. If "referent" power and "expert" power are the basis for the consultants' effectiveness, training should focus on improving their skills in establishing good, working relationships and in developing their expertise.

3. Performance rewards. Clinical consultants need more feedback on their job performance. Their training in becoming effective in clinical supervision can serve as a reward, enhancing future employment opportunities. Their performance should matter, otherwise with the competing demands of a doctoral program, the time and energy devoted to this job may be less than what the university expects and what student teachers and supervising teachers need.

4. Leadership position. One way to increase the effectiveness of the clinical consultants is to change their weak power position. Options might include the power to conduct teacher orientation sessions, to select master teachers, to remove student teachers from poor training situations, to write a recommendation or have input into grading, although the latter option would eliminate some of the strengths of the role of process consultant.

5. Flexibility. The training of the clinical consultants should emphasize several approaches to working with student teachers and master teachers. Clinical consultants should be skilled in the task-oriented as well as the relationship-oriented leadership styles.

Summary. The role of the clinical consultant offers the university the opportunity to improve the student teaching experience. This study was conducted during the second year of implementation, and the innovation faced many of the problems common to change in an organization -- unclear role definitions, inadequate training of the clinical consultants, insufficient time alloted for developing a working relationship with the cooperating teachers. But the study shows that both student teachers and cooperating teachers are receptive to the idea of a nonevaluative consultant, and in those cases in which the clinical consultant was effective, there were benefits in improved communication between members of the triad and between the school and the university. The consultants supplied student teachers with additional feedback, advice, and suggestions as well as emotional support during the stressful student teaching experience.

References

Barrows, Linda K. Power Relationships in the Student Teaching Triad. Paper presented at the Annual Meeting of the American Educational Research Association, San Francisco, 1979.

Fiedler, F.A. A Theory of Leadership Effectiveness. New York: McGraw Hill, 1967.

Fiedler, F.A. and Chemers, M. Leadership and Effective Management. Glenview, IL: Scott, Foresman, 1974.

French, J. and Raven, B. "The bases of social power," In D. Cartwright and A. Zander (Eds.) Group Dynamics. New York: Harper and Row, 1968.

Pritchard, F.F. Matching Student Teachers with Cooperating Teacher: A Review of the Literature, 1974 (ED 087 759).

Schein, Edgar H. Process Consultation: Its Role in Organizational Development. Reading, MA: Addison-Wesley, 1969.

Schueler, H., Gold, M.J., and Mitzel, H.E. "Improvement of student teachers," Review of Educational Research. 1965, 35, 135.

Stoloff, D.L. "Creating the pre-service training triangle," TELemetry. No. 2, 9, 1981.

UCLA Teacher Educational Manual 1981-82. UCLA Graduate School of Education, Teacher Education Laboratory. Los Angeles, 1981.

Yee, A.H. The Student Teaching Triad: The Relationship of Attitudes Among Student Teachers, College Supervisors, and Cooperating Teachers. U.S. Office of Education, 1967.